



**Returning International Student
Application Form
Elk Island Catholic Schools**

160 Festival Way
Sherwood Park, AB T8A 5Z2
(780) 449-6440 phone
(780) 467-5469 fax

Family Name: _____

First Name: _____ Middle Name _____

Birth Date: _____ Male _____ Female _____ Citizenship _____
Year / month / day

1. Has your address or phone number in your country changed since your previous application?

If so, please indicate change(s) _____

2. Will you be staying with the same guardian? _____

3. Guardian name _____

Guardian address _____

Guardian home phone number _____

Guardian cell phone number _____

4. Are you receiving ESL support? _____

Do you still require ESL support? _____

5. Are you going back to your country for the summer months? _____

When are you expected back in the Edmonton area? _____

Please indicate or attach the flight arrival information _____

6. Medical Insurance Company _____

Policy number _____

(Please provide a copy of the Insurance Policy to the school on your first day of attendance.)

List any special needs or medical conditions you may have: _____

I. STUDENT PARTICIPATION AGREEMENT

Below are the expectations for all students. Please read carefully and sign your name after you fully understand and agree to comply with these rules.

1. Students will abide by the laws of Canada and policies of Elk Island Catholic Schools. Unlawful use of drugs and the use of alcohol are forbidden in all circumstances. Violation of such rules will result in immediate dismissal from the program.
2. Students must abide by all school rules, attend school daily, complete all homework assignments and maintain satisfactory/passing grades.
3. Students who are dismissed from high school for academic or disciplinary reasons will be sent home immediately.
4. Students are not allowed to purchase or shoot guns of *any* type.
5. Students are not permitted to drive *any* motorized vehicles of any kind while participating in the program.
6. Students may not travel outside of their relative's community without their relative and natural parent's written permission. School officials must approve travel.
7. Students must show respect for their relative and act as a member of the family.
8. Students must obey family rules and voluntarily help with family chores. Students cannot change guardianship and schools at will. All problems with the temporary guardian will be discussed immediately with the International Program counsellor. Changing temporary guardianship will be at the discretion of the school officials.
9. Students may not make any "life changing" decisions while on the program. This includes changing religion (though you may explore the tenets of any religion) and marriage.
10. Students are expected to return to their home country within two weeks after the end of the school program. Elk Island Catholic schools staff will not be responsible for you after the end of your program.
11. Students must purchase comprehensive health care coverage throughout the duration of his/her stay in Alberta.

Failure to abide by the above rules may result in your dismissal from the program and termination of your student visa. You will not be eligible for any refunds should this occur. All costs incurred to send you home would be at the expense of you and your natural parents.

" I, _____, the student and _____, the natural parent, agree to the above following terms and conditions of participation in the International Study Program."

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

II. MEDICAL AND GENERAL RELEASE AUTHORIZATION

1. We as parents or legal guardians of the undersigned student, do hereby authorize the School Division and temporary guardian to consent to any X-ray examinations, anaesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, or at a hospital.
2. It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the School Division to give specific consent to any and all such diagnoses, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his best judgment may deem advisable. If the participant becomes ill or incapacitated, the School Division may take such actions as it consider necessary, including securing medical treatment and transporting the student home at his/her own expense. We release the School Division from all liability related to such actions. Expenses incurred as a result of these services are the sole responsibility of the parents of the undersigned student. This authorization shall be valid for the entire duration of program in which the student is participating.
3. We, the undersigned parents/guardians and student, do waive and release all claims against the School Division for the injury, loss, damage, accident, delay or expenses resulting from the applicants participation in the Elk Island Catholic International Study Program. This waiver includes loss or injury suffered by the student during the periods of travel.
4. We, the undersigned parents/guardians and student, understand the tuition fees cover the cost for the school year only. Students who stay beyond the school year must make arrangements for accommodations and all other costs. The School Division will not be responsible for these costs.

I/We, the parents/guardians of the student, and the student have read and understand all of the above and agree to be bound by the release and authorizations.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____